

Schedule 13

Funding Request for the FY 2016-17 Budget Cycle

Department of Health Care Policy and Financing

Request Title

NPR-03 CBMS

Dept. Approval By: Josh Block <i>JB</i> 11/2/15	<input checked="" type="checkbox"/>	Supplemental FY 2015-16 Change Request FY 2016-17 Base Reduction FY 2016-17
OSPB Approval By: <i>Greg M. Hall</i> 10/28/15	<input type="checkbox"/>	Budget Amendment FY 2016-17

Summary Information	Fund	FY 2015-16		FY 2016-17	FY 2017-18	
		Initial	Supplemental	Base Request	Change	Continuation
		Appropriation	Request		Request	
	Total	\$11,445,075	\$0	\$11,468,867	\$10,780,031	\$12,381,179
	FTE	\$0	0.0	\$0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$3,976,342	\$0	\$3,984,859	\$3,404,335	\$3,977,541
	CF	\$1,749,809	\$0	\$1,753,319	\$1,512,071	\$1,741,554
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$5,718,824	\$0	\$5,730,689	\$5,863,625	\$6,662,084

Line Item Information	Fund	FY 2015-16		FY 2016-17	FY 2017-18	
		Initial	Supplemental	Base Request	Change	Continuation
		Appropriation	Request		Request	
	Total	\$10,885,261	\$0	\$10,885,261	\$10,715,196	\$12,316,344
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office - Colorado Benefits Management Systems, Operating & Contracts	GF	\$3,770,869	\$0	\$3,770,869	\$3,386,186	\$3,959,392
	CF	\$1,675,284	\$0	\$1,675,284	\$1,497,168	\$1,726,651
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$5,439,108	\$0	\$5,439,108	\$5,831,842	\$6,630,301

	Total	\$0	\$0	\$0	\$648,441	\$648,441
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office - Colorado Benefits Management System Administration	GF	\$0	\$0	\$0	\$232,139	\$232,139
	CF	\$0	\$0	\$0	\$92,938	\$92,938
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$323,364	\$323,364

	Total	\$559,814	\$0	\$583,606	(\$583,606)	(\$583,606)
	FTE	0.0	0.0	0.0	0.0	0.0
07. Department of Human Services Medicaid-Funded Programs - Colorado Benefits Management System	GF	\$205,473	\$0	\$213,990	(\$213,990)	(\$213,990)
	CF	\$74,625	\$0	\$78,035	(\$78,035)	(\$78,035)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$279,716	\$0	\$291,581	(\$291,581)	(\$291,581)

Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:		FF: Title XIX			
Reappropriated Funds Source, by Department and Line Item Name:					
Approval by OIT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Not Required: <input type="checkbox"/>
Schedule 13s from Affected Departments:		DHS, OIT <input type="checkbox"/>			
Other Information:					